

**POLICIES AND PROCEDURES
TENNESSEE DEPARTMENT OF HEALTH
OFFICE OF HEALTH ACCESS
STATE CONRAD J-1 VISA WAIVER PROGRAM**

Statement of Purpose

The Tennessee Department of Health is committed to assuring that all Tennesseans have access to quality, affordable health care. The Department will support and facilitate the placement of primary care physicians in a health care practice site located in a rural Health Resource Shortage Area (HRSA) located within a federally designated Health Professional Shortage Area (HPSA) or Medically Underserved Area (MUA), and physician specialists in a hospital as designated by the Department of Health, located in a HPSA or in a MUA. Health care practitioners who are placed must agree to provide medical care to underserved Tennesseans. The Department of Health is positioned to cooperate with and assist any federal agency in its sponsoring and review of requests to waive the foreign residency requirement on behalf of primary care physicians and physician specialists holding J-1 visas who will practice in an acceptable location. The Office of Health Access, acting upon behalf of the Commissioner, is the designated state contact for this program. The telephone number for the Office of Health Access is (615) 741-0417.

Policies

1. The State Conrad J1 visa waiver program in Tennessee is limited to those primary care physicians who have completed a residency in one of the following medical specialties: Family Practice, General Pediatrics, General Internal Medicine, or a physician specialist who has a subspecialty training in Family Practice Adolescent Medicine or Geriatric Medicine; or Internal Medicine Adolescent Medicine, Cardiovascular Disease, Critical Care Medicine, Endocrinology, Diabetes, & Metabolism, Gastroenterology, Geriatric Medicine, Hematology, Infectious Disease, Interventional Cardiology, Oncology, Nephrology, Pulmonary Disease, Rheumatology; or Obstetrics & Gynecology Critical Care Medicine or Gynecologic Oncology; or Pediatric Adolescent Medicine, Developmental-Behavioral Pediatrics, Pediatric Cardiology, Pediatric Endocrinology, Pediatric Gastroenterology, Pediatric Hematology-Oncology, Pediatric Infectious Disease, Pediatric Nephrology, Pediatric Pulmonology, or Pediatric Critical Care Medicine; or Addiction Psychiatry, Child & Adolescent Psychiatry, or Geriatric Psychiatry; or physicians who have completed a residency in General Orthopedic Surgery or General Surgery (subject to the restrictions noted herein). Each applicant must be supported by a sponsoring employer.
2. At the discretion of the Department, the Department will support and facilitate the placement of primary care physicians in at least seventy percent (70%) of the slots that the federal law permits per federal fiscal year in health care practice sites which is located in a HPSA or a MUA either of which must also be located within the top thirty (30) state designated HRSA. Each primary care physician must agree to practice primary health care at that site for a minimum of forty (40) hours per week and for a minimum of three years.

At the discretion of the Department, the Department will also support and facilitate the placement of one physician specialist per hospital in up to thirty percent (30%) of the slots that the federal law permits between October 1 and June 30 of each federal fiscal year in affiliation with hospitals, as designated by the Department, that are one of the top twenty non-psychiatric hospitals with the highest percentage of total adjusted patient days for TennCare patients, or a Rural Referral Center hospital or a Sole Community hospital either of which must be located in a HPSA or MUA. Each physician specialist must agree to practice their speciality in affiliation with that hospital for a minimum of forty (40) hours per week and for a minimum of three years.

3. A sponsoring employer will be considered for a J-1 visa waiver placement if its primary purpose is the provision of health care services to those who live in underserved communities.
4. The Department will facilitate the placement of J-1 primary care physicians only in rural areas of the state. The Department will facilitate the placement of physician specialist in affiliation with hospitals, as designated by the Department.
5. Physicians granted a waiver under the state program must agree to enroll with a sufficient number of managed care organizations which serve at least 51 percent (51%) of the TennCare enrolled population in the provider's primary county of practice. In the event that one or more MCO's have closed enrollment to new providers which would not allow the recipient to meet this criteria, the provider must demonstrate to the Department that a good faith effort was made and that the provider has enrolled in all the other MCO's accepting new providers. In addition, without exception, the physician must agree to provide services to indigent patients as long as the provider's total number of indigent patient visits does not exceed 15 percent (15%) of the total practice visits.
6. The primary care physician and physician specialists granted a J-1 visa waiver must accept assignment under Section 1842(b)(3)(ii) of the Social Security Act as full payment for all services for which payment may be made under part B of Title XVIII of such Act (Medicare). Primary care physicians and physician specialists must also accept TennCare as payment in full for TennCare patients.
7. The Department will review each waiver application to ensure that the proposed placement will not affect or compromise delivery of health care in the HPSA/HRSA service area. The Tennessee Department of Health is wholly responsible for the interpretation of this policy.
8. The Department is not responsible for exceptions to or interpretations of these policies which have occurred without the written approval of the Immigration and Naturalization Service or its designee.
9. The Department of Health is not responsible for any practice arrangements or contractual obligations entered into by the primary care physician or physician specialists prior to approval of a J-1 visa waiver request. However, all such arrangements and all related contracts must be provided to the Department to ensure compliance with the requirements of these rules.

10. The Department assumes no responsibility for future actions taken by the Immigration and Naturalization Service or any potential investigation that may be conducted by the Office of Inspector General. It is the responsibility of the physician and employer to meet any reporting requirements of the Immigration and Naturalization Service or the Department.
11. The physician must be board eligible or board certified in the primary care specialty in which the practitioner proposes to practice in the state and operate the practice consistent with established standards recognized or adopted by the appropriate specialty.
12. The physician must, at all times operate the practice consistent with established standards recognized or adopted by the appropriate primary care specialty.
13. No transfer of a physician who has been granted a Conrad waiver from one site to another site will be permitted without prior written approval by the Department. An unapproved transfer may result in cancellation of the waiver.
14. All primary care physicians and physician specialists who have been granted a J-1 visa waiver must complete an exit interview within ninety (90) days of the completion of his/her three-year obligation, or at such point that the employment contract is terminated by the sponsoring site, the physician, or the Department. The Department will conduct the exit interview, which will concentrate on the physician's experiences in Tennessee and his/her future plans for practicing at the current location or another location.

Procedures

1. The Department will only consider a complete application that has arrived by **certified mail** submitted by the sponsoring employer on behalf of the physician. Submittal by any other means, including hand delivered, or an incomplete application will be rejected and the application returned COD/certified to the sponsoring employer. The complete application must include all of the information listed in Attachment #1.
2. If an employer proposes to utilize the J-1 physician at more than one (1) site within a HRSA or a physician specialist in affiliation with more than one (1) hospital, within a HPSA or MUA, the name and location of the facility, and a schedule of the days and hours that the physician will be available at each site, must be included in the application.
3. The potential employer and foreign physician must enclose as a part of the application this four page Policies and Procedures document. The last page must be signed and notarized to indicate that both the potential employer and employee have read, understand, and will comply with all the requirements of Tennessee's J-1 visa waiver program.
4. Once it is determined that the applicant meets all of the appropriate requirements and the application is complete, a number will be assigned to the application which indicates that the Department has accepted the application as one of its allowable twenty (30). A letter will be sent certified to the sponsoring employer notifying the sponsoring employer that the application has been forwarded to the federal agency for processing.

5. Should the applicant not meet all State requirements, the Department will notify the sponsoring employer by certified mail. The Department reserves the right to process an incomplete application if it is determined that any missing information can readily be obtained. Notification of a failure to meet federal requirements will be made by the federal agency directly to the Department which, in turn, will notify the sponsoring employer.
6. Completed applications will be considered in the order in which they were received. All completed applications beyond the State's maximum number of placements permitted by federal law per year will be held in a pending file to be reconsidered before any other applications at the beginning of the new federal fiscal year. In order to receive such reconsideration, however, an applicant must submit a request, in writing, setting forth his/her desire to be reconsidered and such request must be received by the Department prior to the commencement of the Department's reconsideration process. Upon the Department's receipt of a written request for reconsideration, each applicant will be contacted by the Department to confirm its receipt of the request and confirm the applicant's continued desire for reconsideration.
7. The sponsoring employer must make known to the HPSA/HRSA community that the J-1 physician will comply with the terms and conditions stated in this policy by posting a notice in a conspicuous place in the public waiting area of the facility.
8. The physician seeking a J-1 visa waiver and the Chief Executive Officer of the sponsoring employer must each submit semi-annual reports to the Department which assure that the sponsoring employer and the physician are complying with the rules and regulations of the program. The first reports must be submitted within 30 days after employment begins, and every six months thereafter, until the three-year commitment is complete. Reporting forms will be supplied to the physician and the sponsoring employer by the Department.
9. Failure on the part of the sponsoring employer or the physician to comply with the policy of the State waiver program will result in a report of noncompliance to the Immigration and Naturalization Service and may make the site ineligible for future placements for a period of time to be determined by the Department.
10. The physician is required to grant Department representatives, who shall maintain full confidentiality, reasonable access to all records maintained by the physician's practice which are pertinent to ascertaining compliance with these rules and regulations, including, but not limited to, patient files and payment records. From time to time, audits for compliance of these rules and regulations may be performed by staff of the Department.

I have read, understand, and will comply with all the rules and regulations of the Immigration and Naturalization Service and additional policies and procedures of the Tennessee Department of Health as outlined herein.

Sponsoring Employer Printed Name

Sponsoring Employer Signature

Title

Date

Subscribed and sworn before me this _____

day of _____, 20 _____

Notary Public

J-1 Applicant Printed Name

J-1 Applicant Signature Date

Subscribed and sworn before me this _____

day of _____, 20 _____

Notary Public

ATTACHMENT #1

DOCUMENTATION REQUIRED FOR A STATE SPONSORED WAIVER:

Information on Community/Practice Site:

1. Cover letter including name of physician, physician's home country, complete name of worksite, type of placement (primary care, etc), name and contact information of attorney or agency facilitating application.
2. Summary of situation, including rural character, geographic description of the area and critical unmet need.
3. Evidence that the facility is located in a federally designated shortage area
4. Description of the medical facility's program and schedule of the physician
5. Three (3) letters of support from the county health department, local hospital(s), and community leaders and/or the county council supporting the placement of the J-1 physician into the community; a description of the plan for introduction of the new physician into the community
6. Recruitment efforts (copies of advertisements, agreements with placement services, etc.) for the previous six months. (The U.S. Information Agency requires this information)
7. Effect on area of waiver denial
8. . A list of health care resources in the community: primary care clinics, hospitals, and number of primary care physicians by specialty
9. Copy of sliding fee scale and documentation of willingness to accept patients regardless of their ability to pay

Information on Physician:

10. Statement in writing that the home government has no objection to the waiver. He or she would obtain this statement from their embassy in Washington or their home country. "No Objection" statements for these physicians should include the language pursuant to Public Law 103-416 to differentiate from other "No Objection" statements on behalf of exchange visitors who are applying for waivers. (Note – the physician must submit the original statement directly to the U.S. Information Agency.)
11. Complete curriculum vitae of physician
12. Qualifications of physician (copies of TN medical licenses, etc.)
13. Complete J-1 Visa Data Sheet

14. All copies of I-AP 66 sheets
15. Signed and notarized Tennessee Department of Health Policies and Procedures
16. Signed contract between the employer and the physician for a period of at least three years
17. DOS Case Number on every page of application.

Note: The original application and a copy must be sent to the Office of Health Access by certified mail.

**Department of Health
Health Access
Monitoring and Evaluation**

Evaluation Date _____ Physician, Nurse Practitioner, Nurse Midwife,
Physician Assistant

Specify: _____

Evaluation Time: 6 month 1st year 2nd 3rd 4th 5th 6th 7th 8th (please circle)

1. Full Name _____

2. Contract Identification Number _____

3. License Number _____

4. DEA Number _____

5. Specialty _____

6. Malpractice Coverage (Carrier) _____

7. Medicare Provider Number _____

8. Health Access Obligation Period: From _____

To _____

9. Hospital Privileges Yes No

If yes, hospital(s) name: _____

10. Office Address _____

County _____

Phone _____

11. Daily Office Hours:

| | | | |
|-----------|-------|----------|-------|
| Sunday | _____ | Thursday | _____ |
| Monday | _____ | Friday | _____ |
| Tuesday | _____ | Saturday | _____ |
| Wednesday | _____ | | |

On average, number of hours spent per week on:

Administrative tasks _____ Hospital services (e.g., rounds) _____

Direct patient care _____
(excluding hospital related services) Total hours worked _____

Practice Type: (circle one)

Solo Group Practice Hospital Clinic Hospital
Federal Project (329/330) Other _____

12. Additional Practice Location (only if located in another county)

County _____

Daily Office Hours:

| | | | |
|-----------|-------|----------|-------|
| Sunday | _____ | Thursday | _____ |
| Monday | _____ | Friday | _____ |
| Tuesday | _____ | Saturday | _____ |
| Wednesday | _____ | | |

On average, number of hours spent per week on: _____

Administrative tasks _____ Hospital services (e.g., rounds) _____

Direct patient care _____
(excluding hospital related services) Total hours worked _____

Practice Type:

Solo Group Practice Hospital Clinic Hospital
Federal Project (329/330) Other _____

13. Physician Preceptor (if applicable) _____

14. Estimated percentage of office visits from patients who live in the county in which your primary office is located

